FEB 0 2 2006

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006, DMB 0551-0032
Tindemark Office: U.S. DEPARTMENT OF COMMERCE

Under the Panerson Staduolic	in Ast of 100	t bestieren ann anperen en C	n rennand to a collectiv	n of information	e eveloph it ssain:	איקרייונת לכתותה למשלה אושוני
Effectiv		Complete If Known				
Fees pursuant to the Consolida	Application Nu	mber 09/54	10,828			
FEE TRANSMITTAL			Filing Date	Marc	March 31, 2000	
For FY 2005			First Named In	ventor Ofek		
Applicant claims small	Examiner Nam	e Some	II, Emn			
.==	<del>-                                    </del>	<del></del>	Art Unit	2182		
TOTAL AMOUNT OF PAYE	AENT (\$	) 40.00	Attorney Docke	n No. EMC	2-042PUS (for	merly 07072-097001
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify);						
Deposit Account Deposit Account Number: 05-0889 Deposit Account Name: EMC Corporation						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s)						
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information ebould not be included on this form. Provide credit card						
Typic independent of this form may become public. Credit care anormation endure not be included on this form. Provide credit care information and authorizaβon on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEAR						
	FILING	fees se	ARCH FEES		TION FEES	
Application Type	Fee (\$)	<u>Pee (\$)                                    </u>	(S) Fee (S)	Fee (\$)	mpil Entity Eqs.(\$)	Fees Paid (\$)
Utility	300	150 50		200	100	
Design	200	100 10	0 50	130	65	
Plant	200	100 30	0 150	160	80	
Reissue	300	150 50	0 250	600	300	
Provisional	200	100	ΰο	0	0	
2. EXCESS CLAIM FEES Breat Bre						
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)					50 200	25 100
Multiple dependent claims					360	180
Interpret depondent crains						endent Cialma
20 or MP = X =					Fee (\$)	Fee Peld (\$)
HP = highest number of total ( Indep. Claims			B-14 /#\			
• 3 or HP =	Extra Clati	<u>na Fee (\$)</u> F	Fee Paid (\$)			
HP = nighest number of indep		poid for, if greater than 3.				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed segmence or computer						
		, the application size				
shoots or fraction the	ment Sec	35 U.S.C. 41(a)(1)(	i) and 37 CFR 1.	1750 (01 56) 16(e)	ii comy, tot ea	iai addididiai 50
Total Sheets - 100 =	Extra She	35 U.S.C. 41(a)(1)(0 sta Number of s / 50 =	rach additional 50 (round up to a			Fee Paid (8)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (S)
Other (e.g., late filing surcharge): Temphal Disclaimers						40.00
SUBMITTED BY / I'M OUT I MEUE	PH)	, , , , , , , , , , , , , , , , , , , ,				
Registration No. of and Telephone co						
Ome (Print/Time) Rhanks Sharper (Amomey/Agent) 25,800						

This objection of information is required by 27 CFR 1.196. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Alexandra, V.S. Department of Commerce, P.O. 80x 1450, Alexandra, V.A. 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.